



NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

ONE WEST STREET, Room 323
MINEOLA, NEW YORK 11501-4895
TEL. (516)-571-6174

Minority and Women-Owned Business Enterprise Re-Certification Application

SECTION I. GENERAL INFORMATION

1. Name of Firm: _____
2. Name of Owner upon which minority or woman status is relied: _____
3. Address: _____
City: _____ State: _____ Zip: _____
- 3a. Mailing address: _____
City: _____ State: _____ Zip: _____
4. Telephone: () _____ Fax: () _____ E-mail: _____
5. Principal Contact Person and Title: _____
6. Type of Business Structure () Corporation () Partnership () Sole Proprietorship
7. Type of Work Performed by the Company: _____

SECTION II. OWNERSHIP AND CONTROL INFORMATION

1. Have there been any changes in the ownership, management, control or structure of your company since your initial certification or previous annual update (e.g., new partner, incorporation, by-laws, redistribution or new distribution of stock, etc.)?
() NO () YES

If **YES**, please describe changes and attach relevant supporting documentation, i.e., stock certificate copies (both sides), corporate resolutions, purchase agreements, copies of canceled checks, etc.:

2. List all shareholders, directors, officers, or outside firms that hold an interest in the company, along with minority classification. (Attach additional sheet if needed)

<u>Name and Title</u>	<u>% of Shares</u>	<u>Race/Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Name of the person who holds the highest position with the company:

Name: _____

Position Title: _____

- 3a. If **not** the same name of person upon which the company is relying for certification, please indicate title of person as stipulated in §1, #2.

Name: _____

Position Title: _____

SECTION III. BUSINESS OPERATIONAL INFORMATION

1. Gross Sales (a copy of last fiscal year tax return is required; please attach to this document)

\$ _____ Tax Year 200____

2. **Responsibilities.** List the name(s) of individuals(s) responsible for the following decisions:

	Name/Title	Gender/Ethnic Status
1. Financial Decision	_____	_____
2. Office Management	_____	_____
3. Estimating	_____	_____
4. Marketing/Sales	_____	_____
5. Hiring/Firing of Mgmt	_____	_____
6. Hiring/Firing of Field Personnel	_____	_____
7. Purchasing – Major	_____	_____
8. Negotiating (bonds/loans)	_____	_____
9. Supervision Field Operation	_____	_____
10. Signing for Insurance/Payroll	_____	_____
11. Contract Negotiation	_____	_____

3. Describe and explain any changes in the by-laws, operating agreement, articles of incorporation, articles of organization, partnership agreement in the last two (2) years that affect the duties and/or powers of the principles, officers, and/or directors of the corporation. Provide copies of any changes. _____

Return your completed application to:

**Nassau Count Office of Minority Affairs
One West Street, Room 323
Mineola, New York 1150
516-571-6174**



THOMAS R. SUOZZI
COUNTY EXECUTIVE

John H. Moya
Executive Director

NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

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TEL. (516)-571-6174

AFFIDAVIT OF NO CHANGE

I, _____ do hereby declare that I am authorized to act on
(Name of M/WBE Owner)

behalf of the business know as _____ in executing this Affidavit.
(Name of Certified Business)

I swear or affirm that there have been no changes in the circumstances or ownership of the business affecting its ability to meet the M/WBE status of the owner(s), ownership, or control requirements for Nassau County M/WBE certification. There has been no material changes in the information provided with the firm's original application for certification, except for those changes previously submitted in writing to the certifying agency.

The firm meets the criteria for identification as a M/WBE for purposes of M/WBE certification as established by Nassau County.

Signed and sworn to this _____ day of _____, 20_____.

Signature of M/WBE Owner

Title

NOTARY PUBLIC:

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 200____, THE ABOVE ASCRIBED did appear before me and execute this Affidavit acting on behalf of (Name of Firm) _____.

Notary Public

Commission Expiration